## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21971

APPLICATION NO.

7590

07/22/2008

WILSON SONSINI GOODRICH & ROSATI 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050

FILING DATE

FILED ELECTRONICALLY ON: October 21, 2008

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/775,274	02/10/2004	<u> </u>	Huiyan Guo	3	32209-733.201	1279	
•		MUNOASSAY CONTRO	•				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	<del>\$720</del> -\$1510	\$300	\$0	<del>\$1020</del> \$1810	10/22/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
NGUYEN, BAO THUY L		1641	436-514000				
1. Change of correspond	ence address or indication	n of "Fee Address" (37	2. For printing on the p	atent front page, list	. Wilson Son	nsini Goodrich	
CFR 1.363).  Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Rosati				
Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
PLEASE NOTE: Un	less an assignee is ident.	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assignee is it assignment.	dentified below, the docum	nent has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Inverness	Medical Switzer	rland GMBH	Zug, Switzer	Zug, Switzerland			
Please check the appropri	riate assignee category or	categories (will not be pr	inted on the patent): $\Box$	Individual A Corporati	ion or other private group e	ntity Government	
4a. The following fee(s)	are submitted:	. 41	o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
Issue Fee			A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-2415 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicated	d above)					
_ ~ .	ns SMALL ENTITY state		b. Applicant is no lon	ger claiming SMALL EN	TITY status. See 37 CFR 1	.27(g)(2).	
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if requestroyers) records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	he applicant; a registered	attorney or agent; or the ass	signee or other party in	
	X Op	6-1		Lis	/21/08		
Authorized Signature	<del>- 1</del>			Date	101/00		
Typed or printed name	e Karen K. Wo	ng, Ph.D., J.D.		Registration No	44,409		
This collection of inform	nation is required by 37 C	FR 1.311. The information	on is required to obtain or r	etain a benefit by the pub	lic which is to file (and by	the USPTO to process)	
an application. Confident submitting the complete	diality is governed by 35 diapplication form to the	U.S.C. 122 and 37 CFR USPTO. Time will vary	depending upon the indiv	imated to take 12 minutes idual case. Any comment	s to complete, including gat ts on the amount of time you mark Office, U.S. Department	ou require to complete	
Box 1450, Alexandria, V	/irginia 22313-1450. DC	rgen, should be sent to th NOT SEND FEES OR (	e Unier Information Office COMPLETED FORMS TO	r, U.S. Patent and Traden THIS ADDRESS, SEN	nark Office, U.S. Departme D TO: Commissioner for P	ent of Commerce, P.O. atents, P.O. Box 1450,	
Alexandria, Virginia 223	313-1450.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.